

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000018499

1. Corporation Name

GERMINO'S AUTO REPAIR SERVICE, INC.

FILED

96 DEC -9 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10703 NORTH 46TH STREET  
TAMPA FL 33617

10703 NORTH 46TH STREET  
TAMPA FL 33617

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *96*



2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*17414 US HWY 41N*

*17414 US HWY 41N*

City & State

City & State

*LUTZ FL*

*LUTZ FL*

Zip

Country

Zip

Country

*33549-4570*

*USA*

*33549-4570*

*USA*

5. FEI Number

*59-3304230*

Applied For

Not Applicable

8. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GERMINO, VICTOR V	10703 NORTH 46TH STREET	TAMPA FL 33617
			1 00002025431 --3 -12/11/96--01011--008 ***383.75 ***383.75
			<i>Signature</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GERMINO, VICTOR V  
10703 NORTH 46TH STREET  
TAMPA FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

33617

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Signature*  
VICTOR V GERMINO  
REGISTERED AGENT MUST SIGN

Date 12.04.96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Signature*  
SIGNATURE REQUIRED  
EMIDIO J. GERMINO

12.4.96

909-0066

Date

Daytime Phone #